

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550845

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2					
4	2					
5	1					
6	1					
7	1					
8	1					
9	1					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16						
17						
18						
19						
20						
21	1					
22	1					
23	2					
24	0					
25	0					
26	0					
27	0					
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	29	←	26	←		
TOTAL CLAIMS	3		29			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						